

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/11/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>29G020</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/24/2009</b>	
NAME OF PROVIDER OR SUPPLIER  <b>DANVILLE SERVICES OF NEVADA, LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 E SHELBOURNE AVE LAS VEGAS, NV 89123</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the annual Medicaid recertification survey conducted at your facility from 4/21 through 4/24/09.</p> <p>The census at the time of the survey was six. Three client records were reviewed. Two schools and one day program were visited.</p> <p>The facility was in compliance with all Conditions of Participation.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>			W 000			
W 196	<p>483.440(a)(1) ACTIVE TREATMENT</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by:</p>			W 196			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 196	Continued From page 1 Based on observation, interview and record review, the facility failed to ensure a complete active treatment program, consistently implemented toward the acquisition of the behaviors necessary for the client to function with as much self determination and independence, was carried out for 1 of 6 clients (#2).  Findings include:  Client #2  Client #2 was a 21 year-old male admitted to the facility on 7/7/06, with diagnoses including profound mental retardation, cerebral palsy and spastic paralysis.  On 4/21/09 during dinner, Employee #1 was feeding Client #2. When Employee #1 gave the client a drink, Employee #1 placed one hand on the client's forehead and firmly pushed back to bring the client's head up into better alignment.  Client #2's Individual Support Plan (ISP) called for the person assisting with meals to, "...provide a brief tactile cue by touching the client's forehead and giving a gentle push back, along with the verbal cue to 'hold your head up'."  On 4/23/09 in the afternoon, when interviewed regarding this portion of the ISP, Employee #1 paused and then responded, "Oh, Ok."	W 196			
W 251	483.440(d)(3) PROGRAM IMPLEMENTATION  Except for those facets of the individual program plan that must be implemented only by licensed personnel, each client's individual program plan must be implemented by all staff who work with the client, including professional, paraprofessional	W 251			

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W 251	Continued From page 2 and nonprofessional staff.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff were trained on the individual support plan (ISP) for 1 of 6 clients (#2).  Findings include:  Client #2  Client #2 was a 21 year-old male admitted to the facility on 7/7/06, with diagnoses including profound mental retardation, cerebral palsy and spastic paralysis.  The clinical record for Client #2 contained an ISP dated 8/11/08. The ISP was signed by two employees. According to the personnel records, a total of 11 employees work at the facility with this client.  On 4/23/09, Employee #2 indicated that all employees involved with Client #2 should have reviewed the information in the ISP and signed and dated the document.	W 251			
W 254	483.440(e)(2) PROGRAM DOCUMENTATION  The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning.  This STANDARD is not met as evidenced by: Based on observation, interview and record	W 254			

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W 254	Continued From page 3 review, the facility failed to document significant events, as indicated in the ISP, for 2 of 6 clients (#1, #4).  Findings include:  On 4/21/09 from 2:00 PM until approximately 2:45 PM, Client #4 exhibited several behaviors, including screaming, slamming an object onto the kitchen counter and self injurious behavior (sat in a chair which was positioned with the back against the wall and banged back of head hard on the wall three times).  On 4/23/09 at 5:35 AM, Client #4 screamed "Shoe" several times.  On 4/23/09 at 6:30 AM, Client #1 stood at the kitchen counter and using his left foot, stomped on his right toes several times. Shortly after this, the client slapped himself on the head six times.  On 4/23/09 in the afternoon, there were no entries in the areas marked 4/21/09 through 4/23/09, of the behaviors witnessed on 4/21 and 4/23 for either client.  On 4/23/09 in the afternoon, Employees #1 and #2 were interviewed about the lack of documentation on the April 2009 "Datasheet 5.1" in Clients #2 and #4 clinical records. Both Employees #1 and #2 indicated Clients #1 and #4 had each displayed behaviors that needed to be documented on the forms as soon as possible after the behaviors occurred.	W 254			
W 426	483.470(d)(3) CLIENT BATHROOMS  The facility must, in areas of the facility where clients who have not been trained to regulate	W 426			

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W 426	Continued From page 4 water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.  This STANDARD is not met as evidenced by: Based on measurement, the facility failed to ensure that the hot water was maintain at or below 110 degrees Fahrenheit.  Findings include:  At approximately 9:40 AM on April 22, 2009, the hot water temperatures were measured with the following findings (all Fahrenheit scale):  The dietary sink - 113 degrees; The two bedroom bathrooms and the hall bathroom - 116 degrees.	W 426			
W 436	483.470(g)(2) SPACE AND EQUIPMENT  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure devices identified by the interdisciplinary team as being needed were used for 1 of 6 clients (#2).  Findings include:  Client #2	W 436			

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W 436	Continued From page 5  Client #2 was was a 21 year-old male admitted to the facility on 7/7/06, with diagnoses including profound mental retardation, cerebral palsy and spastic paralysis.  On 4/21/09 during dinner, Client #2 was not wearing the left and right perforated neoprene wrist splints (to place wrists in a functional hand position for feeding). When Employee #1 put the assistive eating device (to hold the spoon) on the client's left hand, the client was resistive to the employee's attempts to provide "hand over hand" support.  While attempting to have Client #2 participate in feeding himself dinner, Employee #1 explained that they had been, "...without the assistive device for awhile and the client was going to have to become comfortable with it again."  On 4/23/09 at breakfast time, Employee #1 was feeding Client #2. Client #2 was not wearing the wrist splints. Employee #1 did not have the client use the assistive eating device and provide hand over hand support. Employee #1 fed the client his entire breakfast.  On 4/24/09 in the late morning, Employee #1 and Employee #2 indicated they did not put the neoprene wrist splints on Client #2 because, "...they get dirty and we're not supposed to wash them."	W 436			
W 455	483.470(l)(1) INFECTION CONTROL  There must be an active program for the prevention, control, and investigation of infection and communicable diseases.	W 455			

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W 455	<p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure annual Tuberculosis (TB) skin testing was conducted for 3 of 6 employees (#1, #2, #6).</p> <p>Findings include:</p> <p>Employee #1</p> <p>Employee #1 was hired as direct support staff on 4/19/01, and promoted to program coordinator on 2/8/08.</p> <p>Employee #1's file lacked documented evidence of current TB skin testing.</p> <p>Employee #2</p> <p>Employee #2 was hired as the qualified mental retardation professional on 5/4/06.</p> <p>Employee #2's file lacked documented evidence of current TB skin testing.</p> <p>Employee #6</p> <p>Employee #6 was hired as direct support staff on 2/8/01.</p> <p>Employee #6's file lacked documented evidence of TB skin testing for the past year.</p>	W 455			